

# **Application Data Sheet**

## **Application Information**

Application number::  
Filing Date:: 01/14/04  
Application Type:: Regular  
Subject Matter:: Utility  
Suggested classification::  
Suggested Group Art Unit::  
CD-ROM or CD-R?:: None  
Number of CD disks::  
Number of copies of CDs::  
Sequence submission?::  
Computer Readable Form (CRF)?::  
Number of copies of CRF::  
Title:: Devices for Relieving Pelvic Discomfort  
Attorney Docket Number:: 37956-0023  
Request for Early Publication?:: No  
Request for Non-Publication?:: No  
Suggested Drawing Figure::  
Total Drawing Sheets:: 7  
Small Entity?:: Yes  
Latin name::  
Variety denomination name::  
Petition included?:: No  
Petition Type::  
Licensed US Govt. Agency::  
Contractor Grant Numbers::  
Secrecy Order in Parent Appl.?::

## Applicant Information

Applicant Authority Type::	Inventor
Primary Citizenship Country::	United States
Status::	
Given Name::	R.
Middle Name::	Scott
Family Name::	Smith
Name Suffix::	
City of Residence::	Naples
State or Province of Residence::	Florida
Country of Residence::	United States
Street of mailing address::	1727 Perisimmon Drive
City of mailing address::	Naples
State or Province of mailing address::	Florida
Country of mailing address::	United States
Postal or Zip Code of mailing address::	34709

## **Correspondence Information**

Correspondence Customer Number:: 26633

Name::

Street of mailing address::

City of mailing address::

State or Province of mailing address::

Country of mailing address::

Postal or Zip Code of mailing address::

Phone number::

Fax Number:

E-Mail address::

**Representative Information**

Representative Customer Number::	26633	
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- OR -

Representative Designation::	Registration Number::	Representative Name::

## Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
10/197,776	Non- Provisional of	60/306,428	7/20/01

## Foreign Priority Information

Country::	Application number::	Filing Date::	Priority Claimed::

## **Assignee Information**

Assignee name::

Street of mailing address::

City of mailing address::

State or Province of mailing address::

Country of mailing address::

Postal or Zip Code of mailing address::